

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P95000018368

1. Corporation Name TAMPA INNERCITY FOODS, INC.

Principal Place of Business

Mailing Address

4907 EACT MIL KING ID DIVID

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90167 046 ***158.75



TAMPA FL 33603		TAMPA FL 33603		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
					03/07/1995		{
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21 26					59-3301957		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #		Suite, Apt. #, etc.	etc.			. \$8.75	Additional
22		27		5. Certifcate of Status Desired	Fee F	Required	
City & State		City & State		6. Election Campaign Financing	\$5.00	0 May Be	
23		28			Trust Fund Contribution		to Fees
Zìp	Country	Zip	Country		8. This corporation owes the current	year Intangible	
24	25	29 30	<u> </u>		Personal Property Tax.	☐Yes	No
	9. Name and Address of Curren	nt Registered Agent		···	10. Name and Address of New Regi	stered Agent	
0,00	NE MOREL ID		81	Name			
SISSLE, NOBLE L JR. 1207 EAST M.L. KING JR. BLVD.			82	Street Add	eet Address (P.O. Box Number is Not Acceptable)		
TAM	PA FL 33603		83				
	•		84	City		FL 85 Zir	Code
		- 1007 1500 Florida Otto	45		tion authority this statement for the pur		te registered
l office or r	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obligations.	of Florida. Such change was auth	orized by	the corporat	poration submits this statement for the pur tion's board of directors. I hereby accept the	e appointment as	registered
SIGNATURE							
	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: Re ND DIRECTORS	gistered Age	it signature requir	red when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECT	ORS IN 12
12.	D OFFICERS AF	DELETE	1.1 TITLE	<u>}</u>	ABBITORIA IN TOPO TO CITATOR	☐ Change	
NAME .	SISSLE, NOBLE L JR.		1.2 NAME				_
STREET ADDRESS	4000 TAGE 144 (4100 ID DIV	n 1	_	ADDRESS			- 1
CITY-ST-ZIP	TAMPA FL 33603	· .	1.4 CITY-S				
TITLE	77441777 2 00000	☐ D€LETE	2.1 TITLE			☐ Change	Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	ADDRESS			
CITY-ST-ZIP		·	2. 4 CITY-5	T-ZIP			
TITLE		☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME	}		3.2 NAME				}
STREET ADDRESS			3.3 STREE	ADDRESS			İ
CITY-ST-ZIP			3.4. CITY-S	T-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	e
NAME			4.2 NAME	-			-
STREET ADDRESS			4.3 STREE	ADORESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	e 🔲 Addition
NAME			5.2 NAME				
STREET ADDRESS	1		5.3 STREE				Ì
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			Addition
TITLE		☐ DELETE	6.1 TITLE 6.2 NAME	1		Change	e
LANGE	1		B B Z NAME	1			I

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

QUINOBLE L. Sissle, Jr.

813 248-4232